AKC32-7703



# ICICLE. SEAFOODS, INC.

#### FACSIMILE COVER SHEET

DATE:

June 7, 2005

TO:

Rebecca Derr

COMPANY: EPA

FAX#:

206 553-1280

FROM:

Dan Block

TOTAL PAGES INCLUDING THIS COVER SHEET:

5

**MESSAGE:** 

Becky;

Per our conversation, please find attached NOI for Arctic Star at St. Paul.

Sincerely,

Icicle Seafoods, Inc.

ON ISLA

Director of Corporate QA

Cc: ADEC

### NOTICE OF INTENT

## TO BE COVERED UNDER NPDES GENERAL PERMIT AK-G52-0000 FOR SEAFOOD PROCESSORS IN ALASKA

(See Part IV.C. of the Permit) .

Submittal of this document constitutes notice that the party identified in Section I intends to be covered by the NPDES general permit authorizing discharges from seafood processing activities in Alaska and obligates the permittee to comply with the terms and conditions of the permit. Please fill in all information.

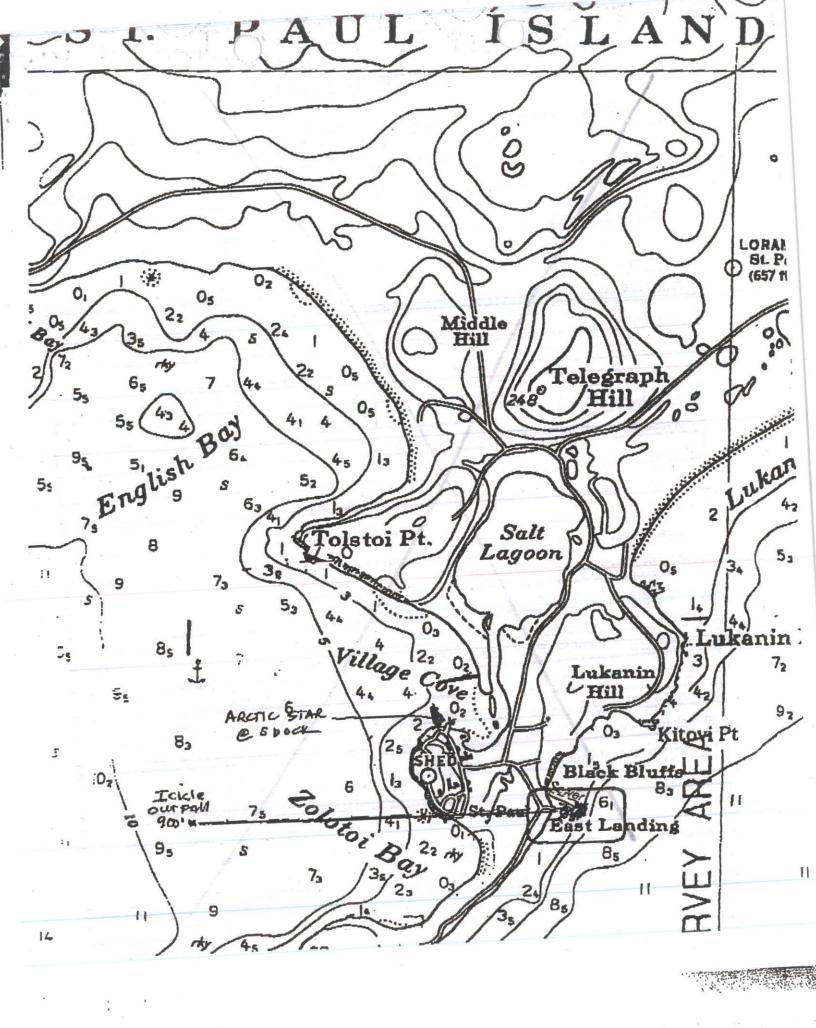
SECTION 1 - PERMIT INFORMATION							
I IN DECTEMBER INC. ALL CIOL	ADEC Number AK 46D						
SECTION 2 - OPERATOR INFORMATION (Part IV.C.2)	100000000000000000000000000000000000000						
Company Name Inche Seasons, Inc	C. The same of the						
Owner/Operator Icacus SEAFFORDS							
Address P.O. Box 79003 Tel	ephone (206) 282-0788						
City/State/Zip SEATLE WA 98119 FA	x (206) 282-7222						
Representative John Woodings, VP em	all johnwo riche e fonds c						
SECTION 3 - OWNER or MANAGING COMPANY INFORMAT	TION (Part IV.C.3)						
Owner or Managing Company Icicis	Dy INC.						
Address SAME Tele	Telephone						
City/State/Zip FAX	FAX						
Representative	email						
SECTION 4 - FACILITY or VESSEL INFORMATION (Part IV.C.4	4)						
Facility Name PIB ARCTIC STAR	Date of Purchase						
Address P.O Box 912	Telephone (907) 546 - 2						
City/State/Zip ST. PALL AK 99667	FAX (907) 546-256						
Latitude and Longitude (for shore based and nearshore)	A Distribution of the molecular						
Number of annual employees 160 Num	ber of seasonal employees						
Vessel name PIB ARCTIC STAR USC	G number Sol-203 Date of purchase						
Type of vessel (factory trawler, processor, crabber, etc.)	BARCE Length of vessel 258						
Previous facility/vessel name(s)							
SECTION 5 - FACILITY CLASSIFICATION (Part IV.C.5) (Check each	h that apply)						
Offshore seafood processor: operating and discharging more							
Nearshore seafood processor: operating and discharging from MLLW							
Shore-based seafood processor: operating and discharging le	ss than one half (0.5) nautical mile from shore at MLLW						

Cured, salted, sm	loked	1	Gutted, Head & Gutted		Mince: wet	dry	(circle d	ne)	W	hole	N.		1	Roe			
Crab: whole, piec	es		Fillets . Canned			Other											
Surimi, fish paste	rimi, fish paste Fish meal		Shelfed: shrimp, scatlops, clams, oysters, snails, urchins, cucumbers. (circle appropriate item(s))														
		shed Product type, e.g., litlets,	24-hour Design Capacity in lbs of	Location - water body name		Anticipated Processing Number of days per month											
ttom fish, salmon)	surimi, canned)		processing raw product		e/Longitude	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	D€
P. Cos	H1.6/W	ساح	150,000	30	a Se	15	15	.15	1			15	31		12.3		
MISC ST.	H+6/W5	ole	15,000	Be	-05m		_3	11 1		-		2			- 1		
CRAIS	FROZONC	-M37e	2 190 000	B	rm See	IZ	28	20	15			100		10	15	10	
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		4							-		-	-	-		-	-	H
	14 12 1				-	-	115	13.	-	-	+	-		55	-	-	-
		-		-										1			-
SECTION 7 - RE	CEIVING WAT	ER	INFORMATION (Part 1	V.C.7)	-		Sec.			_							-
Name(s) of waterb	ody(ies) receiving	disc	charges of the facility	201	0401	Bai	4 -	<b>S</b> T	7	Au	ュ	-	Jan				
Name of any large	r, adjacent receiv	ing v	vaterbody	Ber	LINE	- Sε	A										
	hree (3) nautical : reserves, Wildlife	miles Ref	which are excluded from uges; State Game Sancti	covere	ige under the State Game	Gener	al Pen s, State	mit e Critic	al Habi	tat area	15)						
Any areas within the (National Parks, P																	
Any areas within II (National Parks, P																	
Any areas within II National Parks, P	arine waters	Z	Discharge is to fres	h water:	s		Disc	harge	to tidal	tributar	у		11	3 14			
National Parks, P	1 1 1 1 1 1 1	7	_ Discharge is to Ires						-				1   1 1   M				

Sanitary Westes							
Package Treatment P	lant or on-site septic system (cir	rcle)	Size: Capacity (gals/day):				
Municipal System		Commi	Inily Septic system				
USCG Approved System Type: occa T Capac	em (MSD) hity (gala/day): 10,000/Day	MSD: D When i	late when USCG approved/certified: nstalled: No of people using: 1(00)				
Sectood Process Wastes							
Distance of outfall from	n shore at MLLW; 920 ft.		ased discharge depth: Z \ K				
Grinder - Type/Name:	Axia Menor	Grinds s	ealgod wastes to < 1/2 1 inch				
Other Wastewalers (Chec	k which apply)						
Process disinfectants	THE RESERVE	Transie	rwater				
Cooling water	The second second	Gray Wa	ter				
Boiler water	11 11 11	Live tan	k water				
Cooking water		Freshwa	ter pressure redef water .				
Refrigeration condensa	ito .	Other	and in any time to the time of the				
rojected Maximum Quantit	ly in lbs of Process Weste Soli	lds which are d	ischarged				
Specific Species Processed	TOTAL DAILY Amount of Solid	ds Discharged	TOTAL ANNUAL Amount of Balide Discharged				
CRAS	65,000		7.150.000				
COD	60,000	1 1 (4)	4,500,000				
1.1							
A 1 A 1		1 1 80					
ECTION 9 - FUELING CA	PABILITY and PROXIMITY	TO FUELING	STATIONS (Part VI.C.9)				
			STATIONS (Part VI.C.9)  o deponance is the nearest fueling station? (SO) n.				
one your facility/vessel has re	efueling capability? Yes be	How close to the	o discrizinge is the nearest fueling station? (50° n.				
SECTION 10-SUBMITTAL	efueling capability? Yes be	How close to the	o discriange is the nearest fueling station? (50° n.				
SECTION 10- SUBMITTAL Waiver Request (for se	efueling capability? Yes be LS (to be attached to this NO eafloor survey, discharging to ex	How close to the	o discriange is the nearest fueling station? (50° n.				
ECTION 10- SUBMITTAL Waiver Request (for se	efueling capability? Yes No LS (to be attached to this NO eafloor survey, discharging to ex eet map) also showing outfall loc	How close to the PI) (Part IV.C.1) keluded areas (Fication	o disonarge is the nearest fueling station? (50° n. 0) Part III.A,8,C), 10 m lbs/yr)				
ECTION 10- SUBMITTAL Waiver Request (for se Location Map (e.g. stre Bathymetric Map of Re	efueling capability? Yes Do LS (to be attached to this NO eafloor survey, discharging to ex eet map) size showing outfall loc ecelving Water within one nautic	How close to the color of the c	o disonarge is the nearest fueling station? (SO' ft.				
Coast your facility/vessel has resident for submitted to submitted the submitted for s	efueling capability? Yes No LS (to be attached to this NO eafloor survey, discharging to ex eet map) size showing outfall loc ecelving Water within one nautic ctices Plan Certification or Rece	How close to the color of the c	o disonarge is the nearest fueling station? (SO' ft.				
Weiver Request (for se Location Map (e.g. stre Bathymetric Map of Re	efueling capability? Yes Do LS (to be attached to this NO eafloor survey, discharging to ex eet map) size showing outfall loc ecelving Water within one nautic	How close to the color of the c	o disonarge is the nearest fueling station? (50° n. 0) Part III.A,8,C), 10 m lbs/yr)				
ECTION 10- SUBMITTAL  Waiver Request (for set  Location Map (e.g. street  Bathymetric Map of Re  Bast Management Practice of the set of the set of the provider panels of the set of the period who manage the like best of my knowledge and be	efueling capability? Yes Did  LS (to be attached to this NO eafloor survey, discharging to ex eet map) also showing outfall loc ecelving Water within one nautic ctices Plan Certification or Flace and CERTIFICATION (Part its document and all attachments we shilled personnel property gather and experience of those persons directly for	How close to the Pi) (Part IV.C.1) ecluded areas (Fication and mile of discharged in the prepared under explanate the indepensible for get I am swere that the indepension of the III am swere that I am swere	o disonarge is the nearest fueling station? (50° n. 0) Part III.A,8,C), 10 m lbs/yr)				
Waiver Request (for set Location Map (e.g. street Bathymetric Map of Research Management Presently under panetty of Jaw that the parson or persone who manage the life best of my knowledge and better the best of my knowledge and better the part of	efueling capability? Yes Did  LS (to be attached to this NO eafloor survey, discharging to exect map) also showing outfall loc ectiving Water within one nautic ctices Plan Cartification or Rece and CERTIFICATION (Part is document and all attachments we slided personnel property gather and e system or those persons directly re effet, true, securate, and complete. y of fine and imprisonment for knowly	How close to the Pl) (Part IV.C.1) eccluded areas (Fination IV.C.11) ere prepared under devaluate the information IV.C.11) ere prepared under the information IV.C.11 in swere that the information IV.C.11 in swere that the ing violations.	Part III.A.8,C), 10 m lbs/yr)  Part III.A.8,C), 10 m lbs/yr)				

This form is provided under the State of Alaska Cartification of NPDES Permit No. AK-G52-0006.
Please submit to EPA Region 10, NPDES Compilance Linii, OW-133, 1200 Sixth Ave., Scattle, WA 98101 and a copy to ADEC Atin: Air and Water Quality Division, 555 Corpova Street, Anchorage, AK 89801

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#### NOTICE OF INTENT

TO BE COVERED UNDER NPDES GENERAL PERMIT AK-G52-7000 FOR SEAPOOD PROCESSORS OPERATING WITHIN THREE NAUTICAL MILES OF THE PRIBILOF ISLANDS, ALASKA

Submission of this document constitutes notice that the owner/operation identified below intends to be covered by the NPDES general permit authorizing discharges from seafood processing activities and obligates the permittee to comply with the terms and conditions of the permit.

obligates the permittee to comply with the terms and	conditions of the permit.	NA				
NPDES PERMIT NO AK-G52 -7 0447 (currently or previously assigned)	ADEC Number (Seafood Processor Lic					
FACILITY OWNER/OPERATOR INFORMATION	4					
Company Name Trident Seafoods Corporation	11/11/2019	X. Care and the second				
Owner Charles H. Bundrant	P. (1)	Y				
Address 5303 Shilshole Ave. NW Telephone (206) 783-3818						
City/State/Zip Seattle, WA 98107 4000	FAX	r y Charles				
Representative Earl R. Hubbard	/ ,3					
Managing Company		EGELVE,				
Address	Telephone	LER 2 3 2004				
City/State/Zip	FAX	FEB Z 3 Z004				
Representative						
FACILITY/VESSEL INFORMATION						
Facility Name Saint Paul Seafood Processing F	acility					
Address P.O. Box 909	4	Telephone (907) 546-2259				
City/State/Zip City of St. Paul, Alaska 99660	- SAV-	FAX				
Number of annual employees 5 Number of Seasonal Employees 300						
Outfall-GPS (Lat/Long of outfall terminus (shorebas	ed) 57 07.183 N /	170 16.064 W				
Shorebaseddistance of outfall from shore at MLLV	900 ft Dept	th at MLLW 22 ft				
Date of most recent structural integrity inspection	in co	ompliance?				
Vessel name	USCG number	Length of vessel				
Vesselsdischarge depth under surface of water .	ft or through the	hull Yes No				
Date of most recent pre-operational outfall line chec	k Oct. 15, 2003 In c	ompliance? Yes				
Grinder(s)Type/Name Vaughn, Obermeyer, Vari	sco . Grinds to	N2 inch				
Date of most recent inspection of grinding size	ct. 25, 2003 In c	ompliance? Yes				